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India's Progress Toward Achieving the Millennium Development Goals

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The Millennium Development Goals (MDGs) which include eight goals were framed to address the world's major development challenges with health and its related areas as the prime focus. In India, considerable progress has been made in the field of basic universal education, gender equality in education, and global economic growth. However there is slow progress in the improvement of health indicators related to mortality, morbidity, and various environmental factors contributing to poor health conditions. Even though the government has implemented a wide array of programs, policies, and various schemes to combat these health challenges, further intensification of efforts and redesigning of outreach strategies is needed to give momentum to the progress toward achievement of the MDGs.

The MDGs adopted by the United Nations in the year 2000 project the efforts of the international community to "spare no effort to free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty." The MDGs are eight goals to be achieved by 2015 that respond to the world's main development challenges.[1] These goals are further subdivided into 18 numerical targets which are further measured by means of 40 quantifiable indicators. Health constitutes the prime focus of the MDGs. While three out of eight goals are directly related to health, the other goals are related to factors which have a significant influence on health. Hence the goals and targets are inter-related in many ways. The eight MDG goals are to (1) eradicate extreme poverty and hunger; (2) achieve universal basic education; (3) promote gender equality and empower women; (4) reduce child mortality; (5) improve maternal health; (6) combat HIV/AIDS, malaria, and other diseases; (7) ensure environmental sustainability; (8) develop a global partnership for development.

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Ever since India's independence in 1947, various national health schemes, programs, and policies have been launched with the view to improve the health status of people. The most recently launched National Rural Health Mission (NRHM) in 2005 aims to improve and strengthen the existing rural health care with the phased increase of funding amounting to 2-3 % of gross somestic product (GDP), as well as to bring out some innovative interventions. In addition, the NRHM has addressed two of the major problems identified under the MDGs i.e., poor governance and policy neglect.[2] The half-way point in the time period of achievement of the MDGs has already been crossed. It is therefore crucial to capture India's achievements toward attaining the MDGs and to analyze the challenges and policies with reference to the goals and targets.

Goal 1: Eradicate Extreme Poverty and Hunger

Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than 1 dollar a day

While the common international poverty line put forth by the World Bank amounts to $1.25 a day,[3] in the Indian context, the below poverty line (BPL) has been defined as the cost of an all India average consumption basket at which calorie norms were met, this being 2400 calories per capita per day for rural areas and 2100 calories for urban areas, which in turn is estimated from the monthly per capita consumption expenditure for the corresponding year.[4] The World Bank Report states that

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the period between 1981 and 2005 shows that India has moved from having 60% of its people living on less than $1.25 a day to 42%, while the number of people living below a dollar a day (2005 prices) has also come down from 42% to 24%.[3] According to national estimates, the percentage of population living below the poverty line was 36% (37.3% for rural areas vs. 32.7% in urban) for 1993-94 [Table 1].[5-7] More than a decade later, due to the average growth rate of the economy being more than 7%, this percentage reduced to 25% in 2008.[8] Social groups such as the schedule caste (SC) and schedule tribe (ST) accounted for 80% of the rural poor in 2004-2005.[9] The poverty gap ratio which refers to the mean distance below the $1 (1993 PPP US$) a day poverty line, decreased from 10.9% in 1993 to 7.2% for 1999 to 5.2% for 1999-2000.[10,11] However if one is considering the World Bank definition of poverty, according to estimates from the National Commission for Enterprises in the Unorganised Sector (NCEUS), 77 % of Indians, i.e., about 836 million people, live on less than half a dollar a day.[12] Reports from the 61st NSS indicate this figure to be 41.6% in 2005.[6] This implies that despite the economic boom, millions of the country's poor remain unaffected. To achieve the goal of eradicating extreme poverty and hunger, the percentage of persons below the poverty line must further be reduced to 18.75% by 2015.

The share of the poorest quintile in the national consumption was observed to sharply decline in the urban areas from 8% in 1993-94 to 7.3% in 2004-05 compared to in rural areas, 9.6% in 1993-94 to 9.5% in 2004-05.[13] If the income or consumption were equally distributed, the share would be 20%.[14]

Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

One of the indicators prescribed by the MDGs include the proportion of under-five children who are underweight. According to findings from the National Family Health Survey-3 (NFHS-3), the weight for age of 40.4% of the under-five children was −2 standard deviations (SD) (moderately underweight) from the median of the reference population while that of 15.8% was − 3 SD (severely underweight) from the median.[15] This is less compared to figures reported in the NFHS-2 round in 1998-1999 (42.7% moderately underweight and 17.6% severely underweight) and in NFHS-1 in 1992-1993 (52% moderately underweight and 28.9% severely underweight). However, the age group of children assessed in the NFHS-1 round was less than 4 years of age, hence these numbers may not be exactly comparable).[16,17] The number of undernourished people has decreased from 214,800,000 in 1991 to 212,000,000 in 2002.[10] In other words, the proportion decreased from 25% in 1991 to 20% in 2002. However undernutrition of women and children, especially the female child, continues to be a major issue, given the unequal status to women.

Table 1: Estimates for poverty – India

Indicator	1993-1994	2004-2005
Population below national poverty line, total, percentage (%)	36	27.5
Population below national poverty line (rural)	37.3	28.3
Population below national poverty line (urban)	32.7	25.7
Proportion of population below $1 (PPP) per day	49.4	41.6
Poverty gap ratio at $1 a day (PPP), percentage	13.6	10.5
Purchasing power parities (PPP), national currency per 1993 international dollar (WB)	9.923	15.602

Source[5-7]

Current efforts

A number of antipoverty programs have been launched to decrease the incidence of poverty in India. Some of such programs and policies in operation in the rural areas include the National Rural Employment Guarantee Act (NREGA), *Swaranjayanti Gram Swarozgar Yojana* (SGSY) or Golden Jubilee Rural Self Employment Scheme, *Indira Awaas Yojana* (IAY) or Indira Housing Scheme. Programs launched in the urban areas include Jawahar Lal Nehru Urban Renewal Mission, Integrated Housing and Slum Development Program and *Swarna Jayanti Shahari Rojgar Yojana* (SJSRY). Since the inception of NREGA in 2005, while 2.67 crore households demanded employment, 2.57 crore households were provided with employment.[14] Over 40 lakh houses have been constructed under the IAY while 27 lakh of Self Help Groups (SHGs) have been formed under SGSY.[14]

Some of the current nutrition programs started by the government include the Integrated Child Development Scheme or ICDS (1975) and National Mid-Day Meal Scheme. In addition food security programs for the poor include the Targeted Public Distribution Scheme (TPDS), the *Antyodaya Anna Yojana* and Grain Bank Scheme. However utilization of services of some of these programs has been found to be quite low. While the coverage of children by an *Anganwadi* center under the ICDS is relatively high, only one out of every four children (28%) in the country aged 0-71 months has received any service from an *anganwadi* center in the year preceding the survey.[15] The National Program of Mid-Day Meals in Schools covers approximately 11.74 crore children.[18] In regard to the TPDS, a performance evaluation shows that during 2003-2004, out of the 14.07 million tons of BPL quota from the central pool to the 16 large States, around 5.93 million tons was delivered to the BPL families and 8.14 million tons intended for them never reached them.[19]

Under the Antyodaya Anna Yojana, as many as 242.755 lakh poorest of the BPL families out of the targeted 250 lakh families had received coverage.[20]

Goal 2: Achieve Universal Basic Education

Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

The youth literacy rate, that is the literacy rate of the 15- to 24-year olds, has shown an appreciable increase from 61.9% (1991) to 82.1% (2007).[7] The literacy rate of female youth has increased remarkably from 49.3% in 1991 to 77.1% in 2007, compared to that of males (73.5% in 1991 to 86.7% in 2007).[7] The net enrollment ratio (NER), which refers to the proportion of school children in the age group of 6-11 years enrolled in grades I-V to the population of children in the same age group, increased by almost 10 points from 84.9% in 2000 to 94.2% in 2006.[7] Similar to the trend observed for the youth literacy rate, the NER for girls increased from 77% in 2000 to 92.2% in 2006, versus 92% (2000) to 96% (2006) for boys.[7] The primary completion rate of both the sexes has increased significantly from 55% in 1992-1993 to 85.7% in 2006.[7,21]

Current efforts

The government has committed to reach the goal of elementary education for all by 2010 by means of "*Sarva Shiksha Abhiyan*" (SSA) campaign on education for all which was launched in 2000, thus aiming to make free and compulsory education to the children of 6- to 14-year age group, a fundamental right. As a result of its efforts, enrolment has increased by 25 million between 2001 and 2005 and the number of out of school children has reduced from about 320 lakh in 2002-2003, to 70.5 lakh based on reports of States and UTs in March 2006.[22] Other schemes include *Prarambhik Shiksha Kosh* (PSK) to help finance the government's commitment to quality basic education, District Primary Education Programme (DPEP) –to revitalize the primary education system and setting up of institutions for teacher education.

Goal 3: Promote Gender Equality and Empower Women

Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015

There has been an appreciable increase in the gender parity index at all levels of education which is the ratio of the number of female students enrolled at primary, secondary, and tertiary levels of education to the number of male students in each level [Table 2].

Table 2: Trend in the gender parity index

Year	Gender parity index		
	Primary	Secondary	Tertiary
1991	0.77	0.60	0.54
2002	0.87	0.75	0.70
2006	0.96	0.82	0.72

Source[7]

With regard to measuring progress toward woman empowerment, the share of women in wage employment in the nonagricultural sector has risen from 12.7 in 1990 to 18.1 in 2005.[13] The proportion of seats held by women in national parliament has shown a slight increase from 5% in 1990 to 9.1% in 2008.[13]

Current efforts

Two targeted schemes for girls have been initiated under the SSA; the National Programme for the Education of Girls at the Elementary Level (NPEGEL) and *Kasturba Gandhi Balika Vidyalaya* (KGBV). A national evaluation of KGBV which was undertaken in February 2007 in 12 States has shown that the program has been very well received by the community and is reaching out to girls from the most deprived sections in rural areas.[23] Another program is the *Mahila Samakhya* (MS) successive evaluations of which have pointed to its success in laying down the foundation of woman empowerment.

Apart from programs and policies related to enhancing female literacy, the Government initiated the National policy for the empowerment of women in 2001. Apart from this, there exist several legislative acts to provide protection and ensure the rights of women. The 11th five-year plan (2007-2012) has undertaken to ensure that women are at the central stage of all activities which include economic, social, and political. Some of the currently operating schemes for economic empowerment include *Swa-shakti, Swayamsiddha, Swaslamban Programme*, support to Training and Employment Programme which aim to bring out socio-economic development and empowerment of women through promotion of women SHGs, micro credit, and income generating activities.

Goal 4: Reduce Child Mortality

Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

The under-five mortality rate (U5MR) and infant mortality rate (IMR) are best key indicators for monitoring child health. According to SRS 2008, IMR is 53/1000 live births.[21] Table 3 displays the trends in the U5MR and IMR over time. It is projected that at the current rate of decline, by 2015, India would have an U5MR of 64 per 1000 live births (which is short of the MDG of 41), while the IMR would be 47 per 1000 live births, being short of the MDG of 28.[24] While the IMR remains high in rural compared to urban areas, nevertheless there has been a steady decline in both the

areas [Table 4]. India is ranked at the 49th position with respect to the U5MR, with the countries with the worst U5MR being given top ranks, these being Sierra Leone, Angola, and Afghanistan with the average annual rate of reduction being 2.6%.[25]

The percentage of children under 1 year of age immunized against measles is also considered as a monitoring indicator for child health. According to NFHS-3, the percentage of children in the age group between 12 and 23 months who received vaccination against measles by 12 months of age was reported to be very low at a figure of 48.4%, while the total percentage was found to be 58.8%.[15]

Current efforts

The government is directing intensive efforts to improve child health. Most notable of these are the child health interventions under the Reproductive and Child Health (RCH) Programme. These include the following:

a. Integrated Management of Neonatal and Childhood Illnesses (IMNCI) – the IMNCI strategy includes a wide range of interventions against the leading causes of childhood morbidity and mortality -- acute respiratory infections, diarrhea, malaria, measles, and malnutrition. Till date, 297 districts in the country have initiated the IMNCI strategy.[26]
b. Home-Based Newborn Care (HBNC): This model health care strategy, which has proved to decrease childhood mortality rate in Gadchirolli, is now being implemented in five high focus states - M.P., U.P., Orissa, Rajasthan, and Bihar. In two districts of each of these five States, the Accredited Social Health Activist (ASHA) is being trained to administer injectable antibiotics for neonatal sepsis and childhood pneumonia.[27]
c. New Born Care Scheme (NBCS): Under the NBCS, in addition to 80 districts under RCH phase I, 60 more districts have been covered under RCH phase II wherein the existing neonatal care facilities have been upgraded. In addition, the National Neonatology Forum (NNF) has imparted training to 242,079 health personnel.[26]
d. Immunization: To ensure injection safety, autodisposable syringes (Ads) have been introduced.[27]
e. Promotion of Infant and Young Child Feeding: This is a breastfeeding partnership which aims to revive the breastfeeding hospital initiative.[27] The 11th five-year plan has set a goal to reduce the IMR to 28/1000 live births.[28] ASHAs will be trained on identified aspects of newborn care during their training. Focus will be given to promoting optimal breastfeeding practices among women at home and in health facilities.

Table 3: Trend in under-five and infant mortality rate

Year	Under-five mortality rate (per 1000 live births)	Infant mortality rate (per 1000 live births)
1990	123	84
1995	104	74
2000	94	68
2004	85	62
2006	74	57

Source[8,15]

Goal 5: Improve Maternal Health

Target 6: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

According to estimates by World Health Organization (WHO) and United Nations Childrens Fund (UNICEF), the maternal mortality ratio (MMR) was 570 per 100,000 live births in 1990,[29] which dropped down to 254 per 100,000 live births in 2006.[30] The target for MMR under the MDG has been quantified to be 200 by 2007, and 109 by 2015. Hence the progress toward reaching this estimated goal appears to be seemingly slow. About two-thirds of these maternal deaths occur in the Empowered Action Group (EAG) states. The proportion of safe deliveries conducted by skilled birth attendants is an important determinant of maternal health, this being 33% in 1992-1993 (NFHS-1) and going up to 48.3% in 2005-2006 (NFHS-3).[15,17] According to District Level Health Survey II (DLHS-II) in 2002-2004, in urban areas, more than three-quarter (76%) of the deliveries conducted were safe as against less than two-fifths (37%) in rural areas.[31]

Current efforts

The government has intensified the maternal health care facilities under RCH II and NRHM. Some of these specific initiatives include the following:

a. Essential obstetric care: Under RCH II, all the Community health centers (CHCs) and 50% of the primary health centers (PHCs) have been proposed to provide round-the-clock delivery services. About

Table 4: Rural-urban disparity in under-five and infant mortality rate

	Infant mortality rate			Under-five mortality rate		
	Rural	Urban	Total	Rural	Urban	Total
NFHS -1 (1992-1993)	85	56.1	78.5	119.4	74.6	109.3
NFHS-2 (1998-1999)	79.7	49.2	73	111.5	65.4	101.4
NFHS-3 (2005-2006)	62.2	41.5	57	82.0	51.7	74.3

Source:[15-17]

52% of the target of 14,225 PHCs would be providing 24-hour services by the year 2010.[26]

b. It is committed to provide skilled attendance at every birth at both the institutional and community level by training of community level health functionaries.
c. All the first referral units (FRUs) are to be equipped to provide emergency obstetric and neonatal care. A total of 2471 facilities of 74% of the target for 2010 have been operationalized as FRUs.[26]
d. An 18-week training program is being implemented to train MBBS doctors in anesthetic skills for emergency obstetric care.
e. Provision of quality manual vacuum aspiration abortion facilities at all CHCs and 50% of the PHCs.
f. Provision of *Janani Suraksha Yojana*, (JSY) which is a safe motherhood scheme under NRHM. About 84.26 lakh women have availed benefits from the scheme in 2008-2009.[26] Special focus will be given to all these interventions under the 11th five-year plans.

Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases

Target 7: To halt by 2015 and begin to reverse the spread of HIV/AIDS

According to 2006 estimates, the national adult HIV prevalence in India is approximately 0.36%, which amounts to between 2 and 3.1 million people.[32] This is almost 50% of the previous estimate of 5.2 million; this being attributed to new methods of estimation. The national prevalence rate for men is 0.43% while for women it is 0.29%.[15] The prevalence is much higher in urban (0.35%) versus rural areas (0.25%) in the 15-49 age group.[15] About 88.7% of the infections are present in the reproductive health group of 15-49 years.[32] The young population in the age group of 15-24 years is highly vulnerable to HIV accounting for 31% of AIDS burden with an HIV prevalence rate of 0.1%.[33]

Current efforts

India has taken an aggressive step toward HIV/AIDS control by implementing the third phase of its National AIDS Control Programme (NACP), which is designed to reverse the spread of HIV/AIDS by 2012.[34] Its thrust areas include treatment of sexually transmitted infections, voluntary counseling and testing, and condom promotion. The National AIDS Control Organization (NACO) has collaborated with Hindustan Latex Limited (HLL) on a Condom Vending Machine (CVM) Project. Under this initiative, it has been proposed to set up 11,025 vending machines in 42 districts in the six high prevalence states and 24 districts of the four EAG states.[35] In a spearheading effort, the NACO collaborated with UNICEF to scale up the School Based Adolescence Programme across 144,409 schools, with the objective to reach out to some 33 million students.[36] For ensuring blood safety, over 1230 blood banks have been modernized till date.[26] As of March 2009, there are 4987 Integrated Counseling and Testing Centers and the number of persons tested at these centers has increased from 17.5 lakh in 2004 to 101 lakh in 2008-2009.[37] As of November 2009 there are a total of 230 anti-retroviral treatment (ART) centers with a total of 313,161 patients receiving free ART.[38] From November 2006 onward, pediatric ART is also available at these centers with 14,303 children living with HIV/AIDS receiving free ART as of March 2009.[37]

Target 8: To Halt by 2015 and Begin to Reverse the Incidence of Malaria and Other Major Disease

Malaria

Over the years, malaria has been showing a declining trend from high incidence levels. While in 1996, 3.04 million cases (including 1.18 million *P. falciparum* cases) were reported, according to 2006, 1.78 million cases of malaria (including 0.84 million *P. falciparum* cases) and 1708 deaths were reported from the country.[39] The number of malaria cases and deaths has been fluctuating between the years 2004 and 2008 [Table 5].

Current efforts

The National Vector Borne Disease Control Programme (NVBDCP) frames technical policies and guidelines for the control of malaria in the country. As of 2006, there are 499,970 drug distribution centers (DDCs), fever treatment depots (FTDs) and malaria clinics and about 80% of the targeted population was covered by indoor residual spraying (IRS).[26] Till date 60,10,000 insecticide-treated bed nets have been distributed free of cost or at subsidized rates to the highly endemic states. The urban malaria scheme under the NVBDCP gives protection to a 113.2 million population in 131 towns in 19 states and union territories.[26]

Table 5: Malaria situation (2004-2008)

Year	2004	2005	2006	2007	2008
Blood slide examination	97,111,526	104,143,806	106,606,703	94,819,691	85,250,983
Malaria cases	1,915,363	1,816,569	1,785,109	1,502,742	1,255,102
Pf cases	890,152	805,077	840,368	740,957	565,324
Deaths	949	963	1708	1,274	804

Source:[39]

Tuberculosis

India accounts for nearly one fifth of the global burden of tuberculosis, which amounts to 1.9 million cases.[40] TB mortality in the country has reduced from over 42/100,000 population in 1990 to 28/100,000 population in 2006.[40] The prevalence of TB in the country also decreased from 568/100,000 population in 1990 to 299/100,000 population in 2006.[41] Three rounds of surveys in Thiruvellur district of Tamil Nadu carried out between 1999-2005 by Tuberculosis Research Centre, Chennai, revealed a decline in prevalence of TB at the rate of about 12% per year[42] The annual risk of TB infection (ARTI) is an important tool to monitor epidemiological trends of TB. In Thiruvallur district, three rounds of surveys carried out during 1999-2005 showed the ARTI to vary between 1.2% and 1.6% with an average decline of 6% per year.[43] Likewise, an average decline of 4-3% has been observed in the ARTI in Bangalore city and periurban villages of rural Bangalore respectively in between two separate surveys conducted in each area.[44,45] The case fatality rate prior to introduction of the Revised National Tuberculosis Control Program was 25%, declining to 5% in the post-RNTCP era.[46] A recent matter of concern is the emergence of multidrug resistant tuberculosis, its prevalence ranging from 3% among new cases to 12% among retreatment cases.[47]

Current efforts

The RNTCP implementing the Directly Observed Treatment Short course (DOTS) strategy was launched in India in the year 1997 phase II (2006-2011) of RNTCP which is in line with the new WHO stop TB strategy for TB control is a step toward achieving the TB-related MDGs in terms of reducing the prevalence of TB by 50% by 2015. The vision of the program is to achieve and maintain a cure rate of at least 85% in new sputum positive pulmonary TB patients, and detection of at least 70% of such cases. In 2009, the RNTCP has achieved a case detection rate of 72% and treatment success rate of 87%.[48] Special emphasis has been given toward the management of MDR-TB. It has been proposed to have a network of RNTCP accredited quality assured state level Intermediate Reference Laboratories (IRLs), at least one in each large state, providing culture and Drug Sensitivity Testing (DST) services for RNTCP and to have DOTS Plus sites, for the case management of MDR-TB patients by the year 2010. The DOTS Plus sites providing category IV treatment have initially been set up in certain identified districts in Maharashtra, Gujarat, Andhra Pradesh, Delhi, Haryana, Kerala, and West Bengal. It is intended to make DOTS Plus services to be available in all states by 2010 with complete geographical coverage achieved by 2012. TB-HIV co-ordination activities have been implemented since 2001 and an intensified TB-HIV package is being scaled up to cover the entire country in a phased manner by 2012. This includes offering HIV testing to TB patients, intensified TB case finding at ICTCs, ARTs, and Community care centers and linking of HIV positive TB patients to NACP and RNTCP for care and support.[48]

Goal 7: Ensure Environmental Sustainability

Target 9: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources

The proportion of land covered by the forest area has shown a very marginal increase from 21.5% in 1990 to 22.8% in 2005.[18] In terms of the per capita consumption of ozone depleting substances (ODS), India seems to have taken effective measures since the per capita consumption is less than 3 g as against the international recommended standard of 300 g in accordance with the provisions of the Montreal protocol.[13] The carbon dioxide emission per capita is also much less compared to other countries, this being around 1 ton as against the world average of about 4 tons.[49] In India, as much as 74% of the total population uses solid fuels for cooking, the majority are either wood, crop residue, or cow dung cake, accounting for 70.7%, 13.5%, and 13.1% of total solid fuels used, while coal, lignite, and charcoal combined together account for less than 3%.[50] According to findings from National Sample Survey 2004, the percentage of households using solid fuel was 85.8% for rural areas and 25.6% for urban areas.[51]

Current efforts

The Ministry of Nonconventional Energy Sources is running several programs to provide better systems for cooking and lighting. Joint Forest Management schemes are in operation wherein rural women living below the poverty line are provided with financial assistance to raise nurseries in forest areas. The *Rajiv Gandhi Grameen Vidyutikiran Yojana* started in the year 2005 aims to provide all rural households with access to electricity within the next 5 years.

Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

According to census 1991,[52] the proportion of people with access to safe drinking water was 62% which in turn increased to 85% as per Census 2001 and 89% in 2006.[14,15,53] However the proportion of population using basic sanitation continues to be low, increasing from 14% in 1990 to 28% in 2006. However rapid growth in the urban population poses a major challenge with regard to safe water supply, sanitation, and drainage.[18]

Target 11: To achieve by 2020 a significant improvement in the lives of at least 100 million slum

dwellers

The past few years have witnessed a rapid urbanization and mass-scale migration of people from rural to urban areas, resulting in a steep rise of urban slum communities. The total slum population in the country is 40.3 million, comprising 22.6% of the total urban population.[53] Some 54% of urban slums do not have sanitary toilets while the community toilets provided by the government are in a dismal state due to a lack of maintenance.[54]

Current efforts

The National Urban Renewal Mission was launched in 2005 as a program meant to improve the quality of life in 60 select cities. The major objectives of the mission are to scale-up delivery of civic amenities and provision of utilities with emphasis on universal access to the urban poor as well as security of tenure at affordable prices, and ensuring delivery of other existing universal services of the government for education, health, and social security.[55] Other programs include *Valmiki Ambedkar Awas Yojana* (VAMBAY) and National Slum Development Programme (NSDP). With the efforts of the Rajiv Gandhi National Drinking Water Mission, the access of rural people to safe drinking has increased from 55.54% in 1991 to 86.77% in 2001.[13] Promotion of rural sanitation is managed by the Total Sanitation Campaign (TSC). A total of 578 districts of the country have been covered under TSC.[14]

Goal 8: Develop A Global Partnership of Development

India's diverse economy ranges from traditional village farming to a wide range of modern industries, and a multitude of services. India achieved 8.5% GDP growth in 2006, 9.0% in 2007, and 7.3% in 2008.[4] India's increasing participation with the world economy is evident from the trade to GDP ratio, which increased from 22.5% of GDP in 2000-2001 to 34.8% of GDP in 2006-2007.[10] India's merchandize export and import is also reported to have grown by 22.6% and 24.5% during 2006-2007.[10] The overall teledensity increased rapidly from just 0.67% in 1991 to over 18% in early 2007.[12] The promotion of e-governance on a massive scale is one of the important areas of concern of the National Common Minimum Needs Programme of the Government.

Conclusion

Despite the existence and launch of various programs and policies to address the major areas of concern under the MDGs, the progress toward achieving these goals appears to be rather slow in most of the areas, with the exception of education and global economic progress. It has been observed that the utilization of services offered by different programs is rather low. With only about 6 more years to go toward the set time for achieving these goals, the only way to do so would be to further intensify our efforts in reaching out to the unreached populations and ensuring uniform distribution of resources.

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